



# NEW HOSPITAL APPLICATION

## Applicant's Completeness Checklist and Table of Contents

Project Name: \_\_\_\_\_

Project No.: \_\_\_\_\_

Project Description: \_\_\_\_\_

Done Page N/A Description of CON Rulebook Contents

### Divider I. Application Summary:

- |                                |                                                                                            |
|--------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> 1. Applicant Identification and Certification (Form MO 580-1861). |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 2. Representative Registration (Form MO 580-1869).                |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 3. Proposed Project Budget (Form MO 580-1863) and detail sheet.   |

### Divider II. Proposal Description:

- |                                |                                                                                                                                                                                       |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> 1. Provide a complete detailed project description.                                                                                                          |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 2. Provide a legible city or county map showing the exact location of the proposed facility.                                                                 |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 3. Provide a site plan for the proposed project.                                                                                                             |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 4. Provide preliminary schematic drawings for the proposed project.                                                                                          |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 5. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.                                            |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 6. Provide the proposed gross square footage.                                                                                                                |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 7. Document ownership of the project site, or provide an option to purchase.                                                                                 |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 8. Define the community to be served.                                                                                                                        |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 9. Provide utilization estimates for the first three years of operation.                                                                                     |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 10. Provide the methods and assumptions used to project utilization.                                                                                         |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 11. Provide the proposed number of licensed beds by medical specialty.                                                                                       |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 12. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input. |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 13. Provide copies of any petitions, letters of support or opposition received.                                                                              |

### Divider III. Community Need Criteria and Standards:

- |                                |                                                                                                                                                                   |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> 1. Document the methodology utilized to determine the need for the proposed hospital.                                                    |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 2. Document that the current occupancy of other hospitals in the proposed geographic service area exceeds 80%.                           |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 3. Discuss the impact the proposed hospital would have on utilization of other hospitals in the geographic service area.                 |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 4. Document the unmet need in the geographic service area for each type of bed being proposed according to the population-based formula. |

### Divider IV. Financial Feasibility Review Criteria & Standards:

- |                                |                                                                                                                                                                                                          |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> 1. Document that the proposed costs per square foot are reasonable when compared to the latest RS Means Construction Cost data for new hospital construction.                   |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available. |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) years beyond project completion.                                               |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 4. Provide Detailed Institutional Cash Flows (Form MO 580-1866) projected through three (3) years beyond project completion.                                                    |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 5. Document how patient charges were derived.                                                                                                                                   |
| <input type="checkbox"/> _____ | <input type="checkbox"/> 6. Document responsiveness to the needs of the medically indigent.                                                                                                              |